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Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/648,950
Filing Date	August 26, 2003
First Named Inventor	Michael Kozhukh
Group Art Unit	2891
Examiner Name	Yevsikov, Victor V.
Attorney Docket Number	42P13296D

Please change the Correspondence Address for the above-identified application to:

Customer Number **08791**

Type Customer Number here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ashley R. Ott Blakely, Sokoloff, Taylor & Zafman LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
Address					
City	Los Angeles	State	California	ZIP	90025-1030
Country	USA				
Telephone	(303) 740-1980	Fax	(303) 740-6962		

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I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- Attorney or Agent of record. Registration Number 55,515.

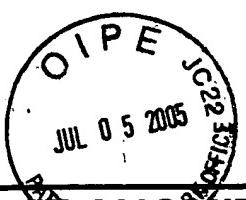
Typed or Printed Name **Ashley R. Ott, Reg. No. 55,515**

Signature

Date **June 28, 2005**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

Total of _____ forms are submitted.



**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<u>Complete if Known</u>	
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METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	20*	0 x 50.00	\$0.00
Independent Claims	3	3* = 0	0 x 200.00	\$0.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
		SUBTOTAL (1)		(\$) 0.00

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description
e filing fee or oath
e provisional filing fee or cover sheet.
specification
eply within first month
eply within second month
eply within third month
eply within fourth month
eply within fifth month
al
support of an appeal
al hearing
tute a public use proceeding
e Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ision after final rejection (37 CFR § 1.129(a))
onal invention to be examined (37 CFR § 1.129(b))

Fee Paid

Other fee (specify)

SUBTOTAL (2)

(S)

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone
Signature			Date	06/28/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450